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DRAWINGS

Sheets Figures Print

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BLUE SLIP INFORMATION

| <u>SERIAL NUMBER</u> | <u>CLASS</u> | <u>SUBCLASS</u> | <u>GAU</u> |
|----------------------|--------------|-----------------|------------|
| 10/066,795 | 701 | 33 | 3661 |

INDEP. CLAIMS

1,5,9,15,21,24,27,29 30

BLUE SLIP (Page 1)

INTERNATIONAL CLASSIFICATION

Class SubClass

H04L 12/28

B60R 16/02

G06F 19/00

CROSS-REFERENCES

Class SubClass

701 35

717 172;177

TERM EXTENSION

0

FIELD OF SEARCH

Class SubClass

701 33;29;32;35

702 113
709 220;221
705 400;500
707 104
717 168;172;173;177;178

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OATH

INVENTOR NAME

| <u>First:</u> | <u>Middle:</u> | <u>Last:</u> | <u>Signed:</u> |
|---------------|------------------|---------------------|---------------------|
| Anthony | | Carroll | Yes |
| <u>City:</u> | Cork | | |
| <u>State:</u> | <u>ZIP Code:</u> | <u>Country:</u> IEX | <u>Foreign ZIP:</u> |

INVENTOR NAME

| <u>First:</u> | <u>Middle:</u> | <u>Last:</u> | <u>Signed:</u> |
|---------------|------------------|---------------------|---------------------|
| Brian | | McAuliffe | Yes |
| <u>City:</u> | Co. Cork | | |
| <u>State:</u> | <u>ZIP Code:</u> | <u>Country:</u> IEX | <u>Foreign ZIP:</u> |

INVENTOR NAME

| <u>First:</u> | <u>Middle:</u> | <u>Last:</u> | <u>Signed:</u> |
|---------------|------------------|---------------------|---------------------|
| Joe | | Gibbs | Yes |
| <u>City:</u> | County Limerick | | |
| <u>State:</u> | <u>ZIP Code:</u> | <u>Country:</u> IEX | <u>Foreign ZIP:</u> |

INVENTOR NAME

| <u>First:</u> | <u>Middle:</u> | <u>Last:</u> | <u>Signed:</u> |
|---------------|----------------|--------------|----------------|
| Brian | | O+3 Sullivan | Yes |
| <u>City:</u> | County Cork | | |

State: ZIP Code: Country: IEX Foreign ZIP:

INVENTOR NAME

| | | | |
|--------------------------|----------------------|----------------------------|-----------------------|
| <u>First:</u> Michael | <u>Middle:</u> J. | <u>Last:</u> Kling, III | <u>Signed:</u> Yes |
|--------------------------|----------------------|----------------------------|-----------------------|

City: Delafield

State: WI ZIP Code: Country: Foreign ZIP:

INVENTOR NAME

| | | | |
|-------------------------|----------------------|----------------------|-----------------------|
| <u>First:</u> George | <u>Middle:</u> M. | <u>Last:</u> Gill | <u>Signed:</u> Yes |
|-------------------------|----------------------|----------------------|-----------------------|

City: Vilonia

State: AR ZIP Code: Country: Foreign ZIP:

INVENTOR NAME

| | | | |
|--------------------------|----------------------|-----------------------|-----------------------|
| <u>First:</u> Michael | <u>Middle:</u> L. | <u>Last:</u> Baird | <u>Signed:</u> Yes |
|--------------------------|----------------------|-----------------------|-----------------------|

City: Morro Bay

State: CA ZIP Code: Country: Foreign ZIP:

INVENTOR NAME

| | | | |
|-----------------------|----------------|------------------------------|-----------------------|
| <u>First:</u> Jean | <u>Middle:</u> | <u>Last:</u> deBelleuille | <u>Signed:</u> Yes |
|-----------------------|----------------|------------------------------|-----------------------|

City: Harpswell

State: ME ZIP Code: Country: Foreign ZIP:

INVENTOR NAME

| | | | |
|-------------------------|----------------------|------------------------|-----------------------|
| <u>First:</u> Steven | <u>Middle:</u> W. | <u>Last:</u> Rogers | <u>Signed:</u> Yes |
|-------------------------|----------------------|------------------------|-----------------------|

City Conway

AR

QA

PCT INFO

CONTINUING DATA (Page 1)

| <u>LINE</u> | <u>CODE</u> | <u>SERIAL NUMBER</u> | <u>FILING DATE</u> | <u>STATUS</u> | <u>DOCUMENT NO.</u> | <u>ISSUE DATE</u> |
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FORM 892

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REFERENCES (Page 5) SERIAL NUMBER: 10/066,795
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U.S. REFERENCES

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|---------------------|-------------|-----------------|--------------|-----------------|

FOREIGN REFERENCES

| <u>Foreign Doc No.</u> | <u>Date</u> | <u>Country</u> | <u>Class</u> | <u>SubClass</u> |
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|------------------------|-------------|----------------|--------------|-----------------|

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REFERENCES (Page 6) SERIAL NUMBER: 10/066,795
FORM 1449

U.S. REFERENCES

| <u>U.S. Pat No.</u> | <u>Date</u> | <u>Patentee</u> | <u>Class</u> | <u>SubClass</u> |
|---------------------|-------------|-----------------|--------------|-----------------|
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| <u>Foreign Doc No.</u> | <u>Date</u> | <u>Country</u> | <u>Class</u> | <u>SubClass</u> |
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Pat. No. 06019878 - 5
Issue Date: 10/04/04

Group ID: F
User ID: Gxharri

Page 8

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Pat. No. 06019878 - 5
Issue Date: 10/04/04

Group ID: F
User ID: Gxharri

Page 1
KS: 1,935

Warning [Inventor Last Name: Posn:8]

 Last Name does not have an upper case first letter

Warning [Inventor Last Name: Page:1 Posn:8]

 Last Name does not have an upper case first letter

Warning [Pages Of US References:]

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 page 3 has no references

 page 5 has no references

 page 6 has no references

Warning [Pages Of Foreign References:]

 page 1 has no references

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 page 5 has no references

 page 6 has no references

Warning [Pages Of Other References:]

 page 4 has no references

 page 5 has no references

 page 6 has no references

Warning [Inventor Names Versus Inventors:]

 the inventors at position 8 do not match because the last
 name(deBelleuille) from the oath does not match the last
 name(deBuelleuille) from checklist

Invalid [Inventor All Of Both Of List:]

 inventor #9 has no city

 inventor #9 has no state

Marker [Inventor All Of Both Of List:]

 qa

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